

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>01-476</b>	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		First Inventor or Application Identifier <b>ICHIDA</b>	
		Title <b>NAVIGATION APPARATUS</b>	
		Express Mail Label No. _____	
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450	
<div>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</div> <div>2. <input checked="" type="checkbox"/> Specification [Total Pages <b>18</b>] <div>-Descriptive title of the invention</div><div>-Cross Reference to Related Applications</div><div>-Background of the invention</div><div>-Summary of the invention</div><div>-Brief Description of the Drawings</div><div>-Detailed Description of the Preferred Embodiment</div><div>-Claims</div><div>-Abstract of the Disclosure</div></div> <div>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>4</b>]</div> <div>4. Oath or Declaration [Total Sheets <b>3</b>]<div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed)<div>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</div></div></div>			

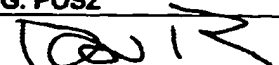
**NOTE FOR ITEMS 1 & 13:** IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)22140 U.S. PTO  
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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	
		Filing Date	<b>August 20, 2003</b>
		First Named Inventor	<b>ICHIDA</b>
		Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit	
TOTAL AMOUNT OF PAYMENT	<b>(\$ 790)</b>	Attorney Docket No.	<b>01-476</b>

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: <b>50-1147</b>  Deposit Account Name: <b>POSZ &amp; BETHARDS, PLC</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																			
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	<b>DAVID G. POSZ</b>	Registration No. (Attorney/Agent)	<b>37,701</b>
Signature		Telephone	<b>(703) 707-9110</b>
		Date	<b>August 20, 2003</b>

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